MARGIN

No. 1.

02

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, se

Important.

E I

ż

Montgomery

### STATE OF MARYLAND CERTIFICATE OF DEATH 213

Registration Dist. No

St.;.... ....Ward)

[If death occurred in a hospital or Institution give Its NAME Instead of streef and number.]

2FULL NAME

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, WIDDWED, WIDDWED, WIDDWED, WIDDWED, WIDDWED, WITHE the word)	Month (Day (Year)  17 I HEREBY CERTIFY That I attended deceased from
Month (Day (Year)	that I last saw h alive on
7 AGE    If LESS fhan 1 day hrs.   OR   min. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work.	Still-Com
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country.)  Md.	Secondary (Doration) yrs mos ds.
10 NAME OF FATHER Becil 6. allnutt	(Signed) Howalday M. D. (Address) Saithersburg 72
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name Of Mother Of Moth	*State the DISEASE CAUSING DEATH, or, in deaths from Violent-CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country)  Md	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONA, TRANSIENTA, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.
(Informant) . B. Haddot	Where was disease contracted, If not af place ot death?
(Address) Carthersburg	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL VISCKVILLE Cumbing July 19 1914
Filed, 191	20 UNDERTAKER W.P. Pumphrey Rockville, md

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease eausing neath (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Tuphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the thenia," "Anaemia" (mercly symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can thre of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichaemns," "Old Age," "Shoek," "Uraemia," "Weakness," "Ilcart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Conventions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," ctc.), "Dropsy," (Recommendations on statement of "Exhanstion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further orrespondence. All the data is essential and note be obtained before the certificate is permanently filed.

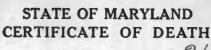
BUREAU 3 1914

V. S. No. 1.

N. B.

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A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF Important. 1 PLACE OF DEATH



Registration Dist. No. 2/

Ilt death occurred in

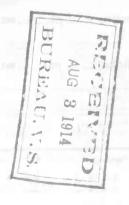
VII	2FULL NAME ONUS	a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Pale Color or race 5 single, MARRIED, Single WIDOWED, WIDOWED, CORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year))  17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH  June  J. 1844  (Month) (Day (Year)	Was dead 191 to when , 191 that I last aaw h allva on I same home!
7 A	11 LESS than   1 day,	and that death occurred on the data stated above, at
(a pa	CCUPATION () Trade, protession, or record from the control of work () General nature of industry.	Coursed by being run our
Wh	inciness, or establishment in Jalunich emplayed (or employer)  IRTHPLACE (State or country)	Contributory Secondary  (Duration)  yrs. mos. de
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)
PA	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of the property of the p
	(Informant) Column Rell	Where was disease contracted, If not at place of death?  Former or usual residence Ruan Sunnantum Ind
16 FI	(Address) Saithurslus 9 mg	Derror Date of Burial  Perror Duly 6, 1914  20 UNDERTAKER  N. R. Perrolly Jan Rochallo
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the misease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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### BINDING FOR RESERVED MARGIN

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT carefully supplied. Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it milmportant. See instructions on back of certificate.

UNFADING INK-THIS IS WRITE PLAINLY, WITH 6944

1 PLACE OF DEATH

Marsta

### STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty///o/vuy	CERTIFICATE OF DEATH
	16:16	Registration Dist. No. 21
Vii	lage or City & authorstung (No.	[If death occurred in
V.11	(No,	St.; Ward) a hospital or institution, give its NAME instead
	12 - War al Class	of street and number.]
	FULL NAME LUCICEUS OVVU	Mungan.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
14	ernale Calairs (Write the word)	(Month) (Day (Year)
2/4		17 I HEREBY CERTIFY, That I attended deceased from
- D	ATE OF BIRTH	Word , 1913, to July , 1914,
	(Month) (Day (Year)	that I last saw ham alive on muy 26" 1914
7 A	(2011)	and that death occurred on the date stated above, at 1/30 b.m.,
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
	yrs	THE GROUD OF BEATITY WAS AS TORIOWS;
	CCUPATION ) Trade, profession, or	Chroni Jashilis
	rticular kind of work	
	General nature of industry, iness, or establishment in	
	ch employed (or employer)	(Duration) yrs. mos. ds.
9 B	RTHPLACE (State or country)	Contributory
	THOY:	(Doration)yrsmosds.
	10 NAME OF SAUCE LOSSIA	(Signed) HBB Hadday , M. O.
S	11,BIRTHPLACE	July 13", 191 4 (Address) Gaukers burg
Z	OF FATHER (State or country)	7/
ARENTS	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
4	OF MOTHER Jaking, Brown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPARE
	13 BIRTHPLACE	OR RECENT RESIDENTS) Af place In the
	OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) award. Chambers	Former or
	Haithail houdh	usuai residence
-	(Address) Dayonsjung Hav	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	014 400 311 700	20 1039
FII	ed Jerry 13 1914 C. M. althury M. D.	20 UNDERTAKER
	REGISTRAR	M. J. arustr Sailtorsburg

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. 2

N. B.

[Approved by U. S. Census and American Public Health Association.]

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Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

6945

PLACE OF DEATH County

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

ADDRESS

Vil	2FULL NAME TUNY KANTISM	St.; Ward)  [If death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	A COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	(Month) (Day (Year)
6 D	(Month) (Day (Year)	that I last saw h Less alive on July 6", 1914
7 A		and that death occurred on the date stated above, at \$ .20 P m The GAUSE OF DEATH* was as follows:
(a pa	OCUPATION ) Trade, profession, or ricular kind of work ) General nature of industry,	Myrice Interstition Nephrolis
bus	iness, or establishment in (WWW.) ich employed (or employer) IRTHPLACE (State or country)	Contributory YALAAAA Secondary
S	10 NAME OF FATHER S - CHUCK	(Signed) (Address) Politica Med.
PARENT	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  WWW.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)  WWW.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place in the of death yrs, mos. ds. State yrs, mos, ds
	(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence.
	(Address) Riparville Ma	PLACE OF BURIAL OR REMOVAL PATE OF BURIAL

Winas

20 UNDERTAKER

8

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

S. No. 1.

16

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. it should be used only when needed. As examples: tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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# MARGIN RESERVED FOR BINDING

Very PHYSICIANS should of OCCUPATION is PERMANENT UNFADING Iddns Instructions plai DEATH WRITE See Ö OF mportant. Every It 0

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No lif death occurred in a hospital or jostitution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIED, widowed, Manue ordivorced (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than 1 day .....hrs. The CAUSE OF DEATH\* OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employar) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) State ..... Where was disease contracted. If not at place of death? Former or (Informant) usual residence. 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

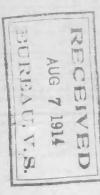
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tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



	PLACE OF DEATH 5947	STATE OF MARYLAND
	minigomen	CERTIFICATE OF DEATH
Co	ounty	2-//0
		Registered No.
	Buties da Me	[If death occurred in
V	illage or City (No. 7/4	St; Ward) a hospital or institution,
	0 . 0 00	give its NAME instead of street and number.]
	FULL NAME Conne	Carl of Street and Humber,
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	4 COLOR OR RACE 5 SINGLE, Married	16 DATE OF DEATH LUCY 17
1	WIDOWED,	(Month) (Day) (Year)
70	male While (Write the word)	17 / I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH / O / //	While a Mile 13
	( hot Music 1862	191 7, to , 191 4.
	(Month) (Day) (Year)	that I last saw her alive on July 7 , 1914
TAG		1 D
. "	d day bee	and that death occurred on the date stated above, atm,
	yrs mos ds OR min.?	The CAUSE OF DEATH* was as follows:
8.	CCUPATION	Churic Replietis
(4)	Trade, profession, or at home	
pai	rticular kind of work	
(b)	Beneral nature of Industry,	
business, or establishmaot in which employed (or smployer)		(Duration) yrs. mos. ds.
9 BIRTHPLACE		Contributory Muenic Ceruca
(S	tate or country) Mary Land	(Secondary)
		(Deration)yrsmos. 6 ds.
	10 NAME OF SATHER MALE	(Signed) Much ony lu. glay.
	Monten	
S	11 BIRTHPLACE 1 4 //	July 18, 1914 (Address) 4.900 Win ar DC
Z	(State or country) Not Known	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
A P	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL,
PAR	OF MOTHER ROT Morine	
14.	12	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)  Nut Ruce	At place in the
		of death yrs, mos, ds. State yrs, mos, ds.
14 <sub>T</sub>	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(Joforman) Daniel Ofells	Former or
	(IOIOI MAOL)	usoal residance
	(Address) 13 ethesola Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Termall trains al luly 20 7914
	On M. Vouns	20 UNDERTAKER ADDRESS,
Fil		The state of the s
	REGISTRAR	yeawwish 2gos my na
	If more blanks are needed, address State Registra	ir, 6 B. Franklin St., Balto., Requesting V. S. No. 1. Washington

[Approved by U. S. Census and American Public Health
Association.]

of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in Industrial employments, it is necfirst line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, It should be used only when needed. the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria, (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, peritonaeum, et

ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the cer" is less definite; avoid use of "Tumor" for malks. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of . (name origin; "Can-State cause for For VIO-



### BINDING FOR RESERVED MARGIN

S. No. 1.

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A .B.—Every Item of CAUSE OF I

# County montgoming

6948



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 210

St.;Ward)	a hospital or instituti	
	give its NAME Inste	

of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	WEDICAL CENTRICATE OF DEATH
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	rale Argro Single, Married, Married, Widowed, Ordivered (Write the word)	DATE OF DEATH  July (Month) (Day (Year)  17  I HEREBY CERTIFY, That I attended decessed from
6 p	ATE OF BIRTH  Jack 7 1914  (Month) (Day (Year)	July 7, 1914, to July 7, 1914, that I last saw h silve on 191
7 A	GE   If LESS than 1 day, a. hrs.   OR a.min. ?	and that desth occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows: Ptill Birth  Prosible over work
(a	CCUPATION  1) Trade, profession, or   1	on part of South
bus	) General nature of Industry, siness, or establishment in nich employed (or employer)	(Ouration) - yrs mos s
9 8	(State or country) many land	Contributory Secondary  (Ouration) yrs mos ds
	10 NAME OF Helliam Deman	(Signed) J J J J J J J J J J J J J J J J J J J
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  Many land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
PAR	12 MAIDEN NAME Sarah Bours	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS
	13 BIRTHPLACE OF MOTHER (State or country)	At piace In the of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted,
14 1	(Informant) Hatter Boyd	If not at place of death?————————————————————————————————————
16	(Address) Gaethers burg RFD#1	Home Cecelly July 9, 1914
FI	led July 8, 191 4 V / Pryson REGISTRAR	20 UNDERTAKER ADDRESS Loglons ville
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Jever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless Important. The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of



MARGIN RESERVED FOR BINDING

PHYSICIANS should of OCCUPATION IS RECORD EXACTLY. classified. M pe may 80 6 back terms, pinods piain Instructions = DEATH WRITE CAUSE OF

state

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred la -Ward) a hospital or lostitution. give Its NAME lastead of street and combor. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Month) (Year) (Day TAGE It LESS than t day hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employor) BIRTHPLACE Contributor Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE , 191.54. (Address) OF FATHER State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE A1 place OF MOTHER (State or country) State Where was diseaso contracted. KNOWLEDGE It not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAK ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

7. S. No.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers been changed or given up on account of the disease who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d)

CAUSING DEATH (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puenperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"



BINDING RESERVED FOR MARGIN

S. No. 1.

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N. B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state - DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH CAUSE OF Important. S

PLACE OF DEATH 6950  County Monlgowery.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 214
Village or City Soletantly Edu	St.; Ward)  [If death occurred in a hospital or institution, give lts NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, WIDOWEO, ORDIVORCED (Write the word) 6 DATE OF BIRTH  July 20 (Month) (Day (Year)	16 DATE OF DEATH  Month  (Day (Year)  1 HERERY CERTIFY, That I attended deceased from  July 1914, to July 0.3, 1914,  that I last saw hand alive on July 2.3, 1914
7 AGE   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of todustry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Exhaustunt Secondary
OF FATHER QUILBURY  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  QUILBURY  12 MAIDEN NAME OF MOTHER  QUILBURY  13 MAIDEN NAME OF MOTHER  QUILBURY  14 MAIDEN NAME OF MOTHER	(Signed) (Si
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Om Shelawn	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos, ds  Where was disease contracted, If not at place of death? former or usual residence.
(Address). Selver Skring, Md  16 Filed Sulys 1914 Ot. J. Brown  REGISTRAR  If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL  Lood Shope  20 UNDERTAKER  Lee. Livowden  Trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foremau," The (7)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculcsis of hungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As nant neoplasms); Mcasles; Whooping cough; Chronic eer" is less definite; avold use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medleal Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Bronchopneumonia (secondary), 10 ds. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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BNDING	A PERMANENT	be stated EXACTLY.
MARGIN RESERVED FOR BINDING	NFADING INK-THIS IS	efully supplied. AGE should lat it may be properly classificate.
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RI	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PH CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate.
V. S. No. 1.		N. B.—E.

YSICIANS should state occuPATION is very

CORD

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 220

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME lostead of street and nomber.]

FULL NAME WITH THE TOTAL	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Mile (Single, MARIED, Single)  Female Mile (Mile the word)	16 DATE OF DEATH July 10 , 1914 (Year)
6 DATE OF BIRTH  (Monto) (Day (Year)	that I last saw her alive on July 10, 1914,
7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 730 Hm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or House particular kind of work	Allectasio
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Lelistero Secondary
10 NAME OF FATHER William Grahem  11 BIRTHPLACE OF FATHER (State or country) Washington D.C.  12 MAIDEN NAME OF TARREST OF THE O	(Signed)
of Mother Helier Sussets  13 BIRTHPLACE OF MOTHER (State or country) Mangland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.  At place of deathyrsmosds. Stateyrsmosds  Where was disease contracted, if not at place of death?  Former or
(Informant) le rooner Mel  16 740 1 M Hills	USUAL TESIDENCE  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  July // 1914
Filed , 1914 , SMILE REGISTRAR	119 Hillory Alone Banes 45/16 M.S.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precisc specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many For many occupatious a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, ctc., of..... (name origin; "Can-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) For Vio-



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state Very PHYSICIANS should of OCCUPATION-18 classified. properly supplied. certificate. 0 back should LO Instructions plai Information DEATH See ō Item OF Important. ш CAUSI

1 PLACE OF DEATH STATE OF MARYLAND 6952 CERTIFICATE OF DEATH Registration Dist. No ... If death occurred in -Ward) a hospital or institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, WIDOWED. (Month) (Day (Year ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated 1 day .....hrs OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ State \_\_\_\_\_ yrs, \_\_\_\_ mos. Where was disease contracted. If not at place of death? Former or osual residence 15 . 191.4 20 UNDERTAKER ADDRESS REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; For Vio-



of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state The DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS WRITE PLAINLY, WITH N. B .- Every Item of Information should be CAUSE OF Important.

1 PLACE OF DEATH 6953



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

S	t.;	Wa	rd)

[If death occurred in a hospital or lostitution, give its NAME lestead

- 3		, 110.	11.0	
		Int.	IN.	· Cm.
	FULL NAME		MOON	M. Soll

	FULL NAME	Un Street and nomoer.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	**COLOR OR RACE SINGLE, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH July 81 (Month) (Day (Year)
6 D	(Month) (Day (Year)	17   HEREBY CERTIFY That I attended deceased from Del 76", 1913, to July 8" , 1914 that I last saw h we alive on July 7" , 1914
7 A		and that death occurred on the date stated above, at 0.00 A m The GAUSE OF DEATH* was as follows:
pa (b) bu	CCUPATION  I) Trade, profession, or articular kind of work  ) General nature of industry, siness, or establishment in	(Boration) Tree mos X ds
_	IRTHPLACE (State or country)  NAME OF	Contributory Wallard Secondary (Doretton) yrs mos ds
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place to the
	(Address)	of death yrs. mos. ds. State yrs. mos. ds.  Where wes disease contracted,  If not at place of death?  Former or osuel residence.  19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
16	worth 4 west Mes W. River	20 UNDERTIKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, The (6)

Statement of cause of death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastcs (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Can-The contributory (secondary or intercurrent) (Recommendations on statement of



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS WRITE PLAINLY, WITH 8. No. 1.

N. B.

Village of City Warnestown (No. 2 PULL NAME John Thomas	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No.  St.; Ward)  St.; St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tale 4 COLOR OR RACE SINGLE, MARRIED, widower or opposered (Write the word)	16 DATE OF DEATH July 23 md, 1914 (Month) (Day) (Year)  17 I HEREBY GERTIFY, That I attended deceased from
March 22, 1829.  (Month) (Day) (Year)	that I last saw h Lass alive on July 23 rd 1914,
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, st. 2,24 R.m., The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Frade, profession, or Petined Farmer particular kind of work (b) General nature of Industry, business, or establishment in	Paraflegia (Ouration) yrs mos 2/x ds.
which employed (or employer)  9 BIRTHPLACE (State or country)  Marifland	Gontributory Prostatistics (Secondary)  (Doration) 3 yrs mos ds.
10 NAME OF Joseph Kelley -	(Signed) le Mut H. Nourse
11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Account
of Mother Many Park	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  Maryland	of death yrs mos ds. State yrs mos ds.
informant, MAY The DEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or osual residence
(Address) Carulstown hid	19 PLACE OF BURIAL OR REMOVAL  Date OF BURIAL  Date OF BURIAL  1914
Filed	20 UNDERTAKER CALY. G. Carlisle Gaithersburg md.

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ness. If retired from business, that fact may be indimine, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as It should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

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PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/7

St.:....Ward)

[If death occurred in a hospital or institution. give its NAME Instead

of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) i HEREBY CERTIFY. That I attended deceased from 191..... to (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at ... f day .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) 3 yrs. which employed (or employer) ..... 9 BIRTHPLACE (State or country) Marmo Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs. \_ Where was disease contracted. If not at place of death?. usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacnus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK-THIS IS A

RECORD

PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
mmm 6956	CERTIFICATE OF DEATH
County	Registration Dist, No.
Village or City Mulity (No,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Umnumed . M	fant /Ling of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Williams or over the word	16 DATE OF DEATH (Month) (Day (Year)  17 I HEREBY CERTIFY, That I strended decessed from
6 DATE OF BIRTH	191_(to
(Month) (Day (Year)	that I last saw hslive on
7 AGE If LESS than	and that death occurred on the date stated above, stm,
yrs mos ds OR min, ?	The CAUSE OF DEATH* was ss follows:
© OCCUPATION (a) Trade, profession, or	Still bron. Brack prosmption
particular kind of work	
business, or establishment in which employed (or employer)	(Duration) yrs mos. ds.
9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF FATHER MANY	(Signed) LOCAL (Duration) yrs mos ds.
VVVVII TE IVI	July 12, 1914 (Address) American
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Dece M Senne	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds. State yrs, mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) The Many Mind	USUAl residence
(Address)	Wheston July 12, 191 X
Filed July 12, 1914 W. L. Deurs. REGISTRAR	10 UNDERTAKER John factor. Hussigh.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal septichaeture of the American Medical Association.) scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations ou statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH County Moonlyonery

Village or City



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/

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St.;Ward)	[It
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death occurred in ital or Institution give its NAME instead of street and number.]

Clian Edward Magueder

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male There (Write the word)	18 DATE OF DEATH July 13th, 1914 (Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw hallve on, 191
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 8
(a) Trade, profession, or particular kind of work.	Spoplesy Combral. Found dead in
(b) General nature of industry, business, or establishment in which employed (or employer)	Gord at her home (Ouration) yrs. mos. ds.
State or country) Moulg: Co, Md.	Secondary (Duration)yrs
10 NAME OF M. Bowie magnider  11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER	(Signed) 4.71- Bil 4 76, Q M. D. 7/14/1 ,19124 (Address) Sandy Soung ml
(State or country hours oo., Main of Mother heavy Lawin or	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE JOWARD BO. Jud.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
(Informant) Aw newgruher	if not at place of death?
Filed July 14-1914 Chas Farguliar	June of Burial OR REMOVAL DATE OF BURIAL Freeway Country Land Spring July 14-, 1814.  20 UNDERTAKER ADDRESS Good Brookeville, U. d.
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits eau be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Preeise statement of oeeupa-If retired from business, that faet may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungentified, is indefinite): Tubcreulesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping eough; Chronie sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Concause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations ou statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1914
BUILLAULV.S.

V. S. No. 1.

N. B.

### Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

*FULL NAME	11
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Mayned WIDWED. DEDIVORCED DEDIVORCED (Write the word)	(Month) (Day (Year)
(Month) (Day (Year)	that I last saw h alive on July 2, 1914
7 AGE  STO yrs. # mos. 6 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.	Myocusdilis
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos 2 4 ds.
9 BIRTHPLACE (State or country) Md	Secondary  (Doration) yrs mos ds.
11 BIRTHPLACE OF FATHER  (State or country)  12 Maintheur OF Monther OF Monther	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTE) Af place In the of death yrs mos ds. State yrs mos ds Where was disease contracted.
(Informant) Scotland	If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July , 1814 THANKER REGISTRAR	20 UNDERTAKER Dumphy Rockville
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting & S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Care For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: -Coal (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite symonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childblrth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Brouchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ture of the American Medicai Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Mcasles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," For vio-



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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 219

\_St.;\_\_\_Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and nomber.]

	FULL NAME LACKEL MA	lhews
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE SINGLE, MARRIED, MODEL WIDOWED, ORDIVORCED (Write the word)	Month) (Day (Year)
6 D/	(Month) (Day (Year)	that I last saw her alive on the last saw he
	SE  SE  STATE OF THE STATE OF T	and that death occurred on the date stated abova, at MKURUM, The CAUSE OF DEATH* was as follows:  MANAGEMENT CONTROL OF THE CAUSE OF TH
(b) busi whi	Trade, protession, or titular kind of work  Beneral nature of industry, iness, or establishment in castang of the lettle trace (State or country)  RTHPLACE (State or country)	Mach - 919 (Ouration) - yrs 5 mos 6s.  Contributory Almb faller  Secondary
S	10 NAME OF FATHER THAT SWIFT	(Signed) Corper Word No. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MANY WUKLEOUT:	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
14 -	13 BIRTHPLACE OF MOTHER (State or country)  Well Cuerch	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs
	(Informant)	Former or usual residence. Were their tour &
16 Fli	ed Jaly 18", 191 4 MAN I REGISTRAR	St Jahrel Rea Thought part 12, 1914  20 UNDERTAKER ANDRESS.

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Mcasles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Scniie," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For vio-



ANENT classified. properly pe may o plain Instructions 0 EATH of DEA Item OF CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County montgomen Registration Dist. No. 1. 6. If death occurred in Village or City Johnson (No..... a hospital or institution. give its NAME instead of street and number. 1 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED WIDOWEO. (Month) OROIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Month) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day .....hrs. / Q ds. / mos. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Ouration) Yrs. \_\_\_ mos. <sup>9</sup> BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) NTS . 191.L. (Address) 11 BIRTHPLACE OF FATHER (State or country) \*S(ate the DISEASE CAUSING DEATH, OF, IN CRATE from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-PARE TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ..... yrs. (State or country) Where was disease contracted. It not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Rock Breek builton 15 20 UNDERTAKER If more blanks are needed, address State Regis trar, 6 E. Franklin St., Raito., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." As examples: (b)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of tungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Turereral scottchaemia," "PUEEPERAL peritonitis," etc. etc., when a definite disease can he ascertained as the -Kart fallure," "Haemorrhage," "Inaultion," "Maras ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary). 10 ds. oma. Sarcoma. etc., of \_ is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age." "Shock." 'Traemia," "Weakness," Aiways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of \_\_ (name orlgin; "Can State cause for Never report Examples:



S. No.

N. B.

PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very properly classified. Exact statement should be stated EXACTLY. AGE carefully supplied. See instructions on back of certificate. of information should be DEATH in plain terms. CAUSE OF Important. Village or Citylear Gamer Frances

### STATE OF MARYLAND CERTIFICATE OF DEATH,

Registration Dist. No ...

St.; Ward)

[if death occurred in a hospifal or institution, give its NAME Instead of street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OF RACE Single, MARRIED, WIDDWED, WIDDWED, WIDDWED, Winder Write the word)	(Monch) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Auly 30 , 1831  (Month) (Day (Year)	that I last saw halive on
7 AGE  11 LESS than 1 day,hrs. 0R min.?	and that death occurred on the date stated above, at 7:30 Pm.  The CAUSE OF DEATHY was as follows: Occupant
(a) Trade, profession, or boutracter bouldes particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Leaster mouse of his family lefore my admired.  (Ouration) grs. mos. ds.
9 BIRTHPLACE (State or country) Many Paud  10 NAME OF FATHER John Reese de  11 BIRTHPLACE	Contributory afersive there and secondary of a grant (Duration) yrs mos ds.  (Signed) John & Leever M. D.  M. D.
OF (EATHER (State or country) Ireland	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Filand	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs mos ds.  Where was disease confracted.
(Informant) The BEST OF MY KNOWLEDGE  (Address) GIV J. M. W. Coashing for	If not af place of death?  Former or Usual residence
Fleet July 24 1914 John L. Lewis REGISTRAR	20 UNDERTAKER / ADDRESS / Plaste AC

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereucesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, mia," "Puerperal peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) For vio-Ex-



V. S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s.

Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

6962



### STATE OF MARYLAND CERTIFICATE OF DEATH

220 Registration Dist. No ..

St.; ...Ward) [If death occurred la a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule. While Single, Marked orbivorced (Write the word)	(Moutth) (Day (Year)
TAGE  TAGE	that I last saw him alive on fully 27 1914,  that I last saw him alive on fully 27 1914,  and that death occurred on the date stated above, at 20 Pm.  The CAUSE OF DEATH* was as follows:
particular kind of work.  (b) General nature of industry, business, or establishment to which employed (or employer)  **BIRTHPLACE** (State or country) Manflower*  10 NAME OF	Contributory Hypertropolice Corrosis Secondary  (Doration) A yrs mos ds.
TATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MOTHER	(Signed) . M. D. July 28, 1914 (Address) Banusailly 38. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  W. L. Le MONE Ruch	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the if the indicate in the indicate in the indicate in the indicate in the indicate
(Address) Breek Lodg 2 m. 8 15 Filed July 28, 1914 J. M. Frhitz REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Garresvilles, Mid July 29, 1914  20 UNDERTAKER  M. J. Hillow House Banksvilles, Mid.  trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: ness. If retired from business, that fact may be indishould be taken to report specifically the occupations gaiufuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. "Mauager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemle cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Ascte. The contributory (secondary or intercurrent) oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Aiways qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 101914
BUREAU. V.S.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH

6963



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.2-15-

	Fif death oc

St.;--Ward) [if death occurred in a hospital or losfifution, give its NAME instead

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	** COLOR OR RACE SINGLE, MARRIED, MUNICULA WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 7 7 , 191 4 (Year)
	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended decessed from
	Nov 15. 1862	191 , 6N , 1914,
	(Month) (Day (Year)	that I last ssw h or slive on
CCUPA	Jyrs 8 mos 22 ds. or min.?	snd that death occurred on the date stated above, st 3 pm. The CAUSE OF DEATH* was as follows:  Auguita Rectors
	ade, profession, or Horne	
ine ch	Seneral nature of Indusfry, ess, or establishment in employed (or employer)  THPLACE State or country)	Contributory Talvular heart description
_	NAME OF SEE SOURCES	(Signed) LA Nousel M. D.  (Signed) LA Nousel M. D.  7/8 , 1914 (Address) Nawrouville lis
RIP		
0		*State the DISEASE CARSING DEATH OF the double from Warner
12 N	OF FATHER (State or country)  MAIDEN NAME OF MOTHER ALAN ATMETE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
12 M	INTHPLACE	15 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place 10 the 0f death 7rs. mos. 4s
12   13	MAIDEN NAME OF MOTHER AND	15 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place 10 fts
12 13	MAIDEN NAME OF MOTHER MACH Fruette  BIRTHPLACE OF MOTHER (State or country)  ABOVE IS, TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS.  OR RECENT RESIDENTS)  At place of death
13 B C	AAIDEN NAME OF MOTHER OF MARK Fruette BIRTHPLACE OF MOTHER MOTHER (State or country) BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE WILLIAM SCHAuffer	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place io the of death yrs mos, ds. State yrs mos, ds  Where was disease contracted, if not at place of death? Former or osual residence

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, frrespective of age. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planton, ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the re-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," ative healthful-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

injury, as fracture of skull, and consequences (e.g., ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the IENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatie), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State eause for Never report For VIO-



OCCUPATION PHYSICIANS PERMANENT EXACTLY. classified. properly pe UNFADING may certificate. 80 ō back terms. plain Instructions = DEATH WRITE See 6 OF mportant. Every It m

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [It death occurred la a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased (Month) (Day (Year) TAGE If LESS than 1 day,....hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary vanca and 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place OF MOTHER (State or country usual residence. 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

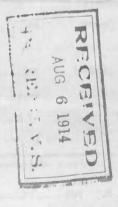
200

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-



PLACE O	F DEATH	6965
County mont	gomen	•
Village or City	hovo	<del> </del>
* FULL NA	ME m	when
PERSONAL A	ND STATIST	ICAL PARTICU
	LOR OR RACE	S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the W
DATE OF BIRTH	Inks	inn.
	(Month	(Day) mosd
OCCUPATION (a) Trade, profession, or particular kind of work b) Genoral nature of Industr usiness, or establishment	Jan y,	Service Trans
which employed (or employer BIRTHPLACE (State or country)		raylas
10 NAME OF	, ,	J

351 21 225 21



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 2/7

St;.....Ward)

[If death occurred in a hospitat or institution, give its NAME instead of street and number.]

* FULL NAME : muchen Deward	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
maler 4 COLOR OR RACE 6 SINGLE, Milons.  MARRIED. Milons.  WIDOWED. (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
© DATE OF BIRTH  (Month) (Day) (Year)	17. I HEREBY CERTIFY, That I attended deceased from
7 AGE Unknown . If LESS than 1 day, hrs. yrs. mos, ds. ORmin.?	and that death occurred on the date stated shove, atm.  The CAUSE OF DEATH* was as follows:  Allind Ruddenl, with Mr plugations.
(a) Trade, profession, or particular kind of work.  (b) Genoral nature of Industry, business, or establishment in which employed (or employer)	in altersand Climbs Cales of and for Cerebral Immorles of (Duration) yrs. mos. cs.
State or country) mayland.	(Secondary)  (Duration)
10 NAME OF FATHER MANNON.  11 BIRTHPLACE OF FATHER	(Signed) 1 7 Bil . M. D M. D M. D
Z (State or country) / mknom.  Z MAIDEN NAME OF MOTHER  Market of Country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Muknow	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds.
(Informant) Cours Johnson	Where was disease contracted, If not at place of death?  Former or osual residence
(Address) Silver Jung Mil.  15 Filed 7-15-, 1914 Chas. Fargielian REGISTRAR  If more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL  Sandy Spec J. 15/, 1914  20 UNDERTAKER  ADDRESS  A. Surveyller  F. 6 E. Franklin St. Raito Requesting V. S. No.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiishould be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekecpers (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At homc. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman." additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer or Planter, For persons

Statement of cause of death—Name, first, the diblerable causing death—Name, first, the diblerable causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcinologies of lungs, meninges, pertionacum, etc...

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaccause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 2 1914
BUREAU. V.S.

BINDING ERVE Œ

SICIANS should occupaTion is PERMANENT certifical 80 Ö back plain Instructions = of inform DEATH See instri WRITE OF Every Item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 211 Ilf death occurred in (No. ...Ward) a hospital or Institution. give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. MARRIED. WIDDWED, (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, 1 day .....hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country) At place of death ...... yrs. ..... mos. State ..... yrs. \_ Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL, OR REMOVAL DATE OF BURIAL 16 UNDERTAKER ADDR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (1)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

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PERMANENT supplied. UNFADING

PLACE OF DEATH PHYSICIANS should of OCCUPATION IS MEDICAL CERTIFICATE OF DEATH statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Month ORDIVORCED (Write the word) DATE OF BIRTH (Month, (Day (Year) TAGE If LESS than 1 day hrs. OR ..... min. ? properly 8 OCCUPATION (a) Trade, profession, or particular kind of work. pe (b) General neture of Industry, business, or establishment in may (Duration) which employed (or employer) ..... certificate. BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 80 0 back PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) 12 MAIDEN NAME Instructions OF MOTHER plai OR RECENT RESIDENTS) ۳ 13 BIRTHPLACE At place OF MOTHER (State or country) EATH of death ..... yrs. ..... mos. Where was disease contracted. See If not af place of death?. Former or OF Every Item CAUSE OF Important. usual residence 19 PLACE OF BURIAL OR REMOVAL 15 -20 UNDERTAKER

REGISTRAF

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....Ward)

If deeth occurred in a hospital or institution. give Its NAME Instead of street and number. ]

ADDRESS

(Dav I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH\* was as follows: Contributory..... \*State the DISEASE CAUSING DEATH, or, in deaths from VIDLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCHENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. State ..... yrs, .... DATE OF BURIAL

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[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND state PLACE OF DEATH CERTIFICATE OF DEATH SICIANS should occuPATION Is Registration Dist. No. 2/1 PHYSICIANS St .: Ward) notine Tochis 10 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINOLE, 3 SEX 4 COLOR OR RACE MARRIED, Wedower WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Day) If LESS than TAGE and that death occurred on the date stated above, st. 1/20 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... mlg. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER S . 101 (4... (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) should \*State the DISEASE CAUSING DEATH, or. In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER Instructions plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, information OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State or country State DEATH Where was disease contracted. If oot at place of death? Item OF usual residence. CAUSE OF 19 PLACE OF BURIAL OR REMOVAL Every 15 Filed..... 0 RECISTRAR

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ilf death occurred in

1914

(Year)

a hospital or Institution. give its NAME instead

of street and number. ]

(Day)

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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C	of Infor	mation	pinous	pe	carefully	Iddns .	led.	AGE 8	hould	se sta	ated E	EXACTLY.	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	pinous	state
L	See Instructions on back of certificate.	ructions	n termi	s. so	certificat	ate.	De	roperly	classif	ed.	Exact	statement	r VEAIM in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.	NOI IS	Very

PLACE OF DEATH 696

County Monly omens



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 216

Village or City Lon &	of bhave (No.	12. & me	liose Stst; Ward)
	Eli beth	1 11	- Mairiel

[if death occurred in a hospital or lostitution, give its NAME instead of street and number.]

2 FULL NAME Elizabeth Lus	utter Vauell or street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
month of day not known, 1859.  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Decruty 191 8, to July 7, 191 H, that I last saw h. & alive on July 7, 191 H
7 AGE  11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, st
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	Pulmonany Juliusulosis
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Pulmer and Induction
(State or country)  Chio  Chio  10 NAME OF FATHER  FULLIA EVALLA  11 BIRTHPLACE	(Signed) Huy Krostal, M. D.  July. 3., 1914 (Address)/524 K Ct. 2000
OF FATHER (State or country) Vannon 12 Maiden Name of Mother Elorste Bowen	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs mos ds.  Where was disease contracted,
(informant) bhas H. Vauill	If not at place of death?
16 Charles Tonase, mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER
Filed 7 - 6 191 H thook, Could 1	May cacke am Billing 118

If more blanks are needed, address State Registrar, 6 fe-Frankin St., Balto, Requesting V. S. No. 1.

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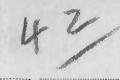
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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE See instructions on back of certificate. DEATH in plain terms. Every item of information CAUSE OF DEATH in pial important. 10

LACE OF DEATH Village or City/ Cor Roedrice m



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

lif death occurred in a hospital or institution, give its NAME instead

PER	SONAL AND STATISTIC	CAL PARTICULARS		1	MEDICAL CERTIF	IGATE C	F DEATH
3 SEX Fencals	4 COLOR OR RACE	S SINGLE,  WHARPIED,  WHOOVED,  ORD VERCED  (Wite the word)	The state of the s	DATE OF DE		hth)	(Day (Year)
DATE OF BIF	атн	(white the word)	1/860	tu			i attended deceased from
7 AGE	(Month)	1	If LESS than	and that death o	ccurred on the de		d above, at 7 Am
a) CCUPATION (a) Trade, profess particular kind of (b) General natur business, or est which employed (c) 9 BIRTHPLACE (State or c)	sion, or work	* *		Contributory Secondary		ration)	yrsds
(State	PLACE THER TO COUNTRY)  N NAME	2 Decor		*Syste the I CAUSES, State TAL, SUICIDAL,	- h. X. 191	Roc	yrs mos ds.  . in deaths from Violent and (2) whether Accident
13 BIRTHI	PLACE THER TO COUNTRY)	J FOF MY KNOWLED	OGE	At piace of death yrs. Where was disease if not at piace of dea	mos ds.	In the State	, INSTITUTIONS, TRANSIENTS ds
(Address	Raeshi	er his.	AN-	Former or usual residence  19 PLACE OF BU  Reau - 20 UNDERTAKE	Pul.	AL	DATE OF BURIAL 191 4

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No. 1. ŵ

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